| A) | RIZONA STATE I | BOARD OF HEALT! | 77 |
|---|------------------------------|--|--|
| 1. PLACE OF BIRTH | | IFICATE OF BIRTH | Registered No |
| County Dea | | State an | <u> </u> |
| District or Township | · | or Village | |
| City Glove | No | | St. Ward |
| 2. Full name of child Sill | et Car | | give its NAME instead of street and number) { If child is not yet named, make supplemental report, as directed. |
| 3. Set of Child To be answered ONLY in event of plural | 4. Twin, triplet or othe | Uga | 7. Date aug 6 1928 |
| births. | 5. No., in order of birth | | Month / Day Year |
| 8. FATHER Full name Rullolph (| Carrigosa | 14. Full maiden name | alone Cueva |
| 9. Residence (Uaual place of abode) | le | 15 Residence (Usual place of abode) | Bloke |
| If non-resident, give place and state. | | If non-resident, give | place and state. |
| 10. Color or race | 0 | 16 Color or race | |
| meilleau 11. Age at last | hirthday [(Years) | mexican | 17. Age at last birthday 38 (Years) |
| 12. Birthplace (city or place) | exces | 18. Birthplace (city or pla | see) Ilorence, |
| 9, | | 19. Occupation | Housewils. |
| 13. Occupation | ere — | Nature of industry | 7 |
| Nature of industry | | | |
| 20. Number of children of this mother | | and now living | 21. Were precautions taken against oph- thalmia neonatorum? |
| (Taken as of time of birth of child herein | (b) Born alive (c) Stillborn | but now dead | thanks neonatorum. |
| certified and including this child.) | | | 'E' |
| CER I hereby certify that I attended the birth of | this child, who was | orn alive | 9:081. m. on the date above stated |
| * When there was no attending physician | · • | (Born slive or stillborn.) | |
| or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes not shows other evidence of life after birth. | Signature | phylin | Rida |
| Given name added from | , Š. j. k | -eff f | (Physician or midwife). |
| a supplemental report. Month, day, y | Address | John L | mg - 1 |
| and any i | Filed | 1/13 1928 | LIE who have |
| Registra | | | Registrar |

N. B.—III

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